

For 2001 or taxable year beginning _____, 2001, and ending _____, 20____
Due Date: 15th day of 3rd month following close of taxable year.

Check box if <input type="checkbox"/> name or <input type="checkbox"/> address differs from that on last year's return	<i>Place label here. Make necessary corrections. Otherwise, please print or type.</i>			A Federal Employer ID Number
	Corporation Name			B Seller's Permit or Use Tax Number
	Number and Street			C Wis. Employer ID (Withholding) Number
	City	State	Zip Code	D Wisconsin Business Activity Code

E Check applicable boxes:	1 <input type="checkbox"/> First return - new corporation 2 <input type="checkbox"/> Final return - corporation dissolved (attach explanation)	3 <input type="checkbox"/> Short period - change in accounting period 4 <input type="checkbox"/> Short period - stock purchase or sale	F State and Year of Incorporation
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G Check box if this is an **amended return**, attach an explanation of the changes, and see instructions.

INCOME	1 Federal taxable income from Form 1120, line 28, or Form 1120-A, line 24	1	
	2 Additions (from Schedule V, line 15)	2	
	3 Add lines 1 and 2	3	
	4 Subtractions (from Schedule W, line 12)	4	
	5 Subtract line 4 from line 3. This is net income (loss) before net business loss offset	5	
	6 Wisconsin net business loss carryforward (from Form 4BL, line 29)	6	
	7 Subtract line 6 from line 5. This is Wisconsin net income (loss)	7	
TAX	8 Enter 7.9% of Wisconsin net income on line 7. This is gross tax	8	
	9 Nonrefundable credits (from Schedule C1)	9	
	10 Subtract line 9 from line 8. If line 9 is more than line 8, enter -0-. This is net tax	10	
	11 Recycling surcharge (for corporations whose gross receipts from all activities are \$4 million or more, enter at least \$25 but not more than \$9,800 – see instructions)	11	
	12 Endangered resources donation (decreases refund or increases amount owed) 	12	
	13 Add lines 10, 11 and 12	13	
	14 Estimated tax payments less refund from Form 4466W If this is an amended return, see instructions	14	
	15 Refundable credits (from Schedule C2)	15	
	16 Add lines 14 and 15	16	
	17 Interest, penalty, and late fee due (from Form 4U, line 17 or 26)	17	
	18 Tax Due. If the total of lines 13 and 17 is larger than line 16, enter amount owed	18	
	19 Overpayment. If line 16 is larger than the total of lines 13 and 17, enter amount overpaid	19	
	20 Enter amount of line 19 you want credited on 2002 estimated tax	20	
	21 Subtract line 20 from line 19. This is your refund	21	

RECEIPTS/ASSETS	22 Enter total company gross receipts from all activities (see instructions)	22	
	23 Enter total company assets from federal Form 1120 or 1120-A, item D	23	

SIGNATURES	Under penalties of law, I declare that I have personally examined this return, including any accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.		
	Signature of Officer	Title	Date
	Preparer's Signature	Preparer's Federal Employer ID Number	Date

MAILING **Attach a copy of your federal return, even if no Wisconsin activity.**
 If the federal return is a consolidated return, enter Parent's federal EIN _____ and see instructions.
 Make your check payable to and mail your return to: Wisconsin Department of Revenue, P.O. Box 8908, Madison, WI 53708-8908.

